

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/13/2016
NAME OF PROVIDER OR SUPPLIER APPOMATTOX HEALTH AND REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
F 000	Initial Comments An unannounced biennial State Licensure Inspection was conducted 12/6/16 through 12/13/16. Corrections are required for compliance with the Virginia Rules and Regulations for the Licensure of Nursing Facilities. The Life Safety Code survey/report will follow. The census in this 60 certified bed facility was 58 at the time of the survey. The survey sample consisted of 20 current resident reviews (Residents #1 through #13, and #16 through #22) and two closed record reviews (Residents #14 and #15).	F 000		
F 001	Non Compliance The facility was out of compliance with the following state licensure requirements: This RULE: is not met as evidenced by: 12VAC5-371-220(H). Cross reference to F-157. Code of Virginia 32.1-138(A)(10). Cross reference to F-164. 12VAC5-371-370(A). Cross referenced to F-252. 12VAC5-371-250(G). Cross reference to F-279. 12VAC5-371-210(A)(3). Cross reference to F-280 12VAC5-371-200(B)(1)(ii). Cross reference to F-281 12VAC5-371-220(B). Cross reference to F-309. 12VAC5-371-220(C)(1). Cross reference to F-314.	F 001	12VAC5-371-220(H). Cross reference to F-157 1. LPN #1 was addressed and educated immediately while surveyors were onsite related to necessity of notifying physician of change of condition promptly. 2. An audit will be performed for any unplanned discharges within the last month to ensure physician was notified promptly of any change of condition. 3. All licensed staff will be educated by the Staff Development Coordinator or designee about prompt physician notification of change of condition. 4. Director of Nursing or designee will review all unplanned discharges to the hospital to ensure any change of condition was notified to the physician in a prompt	1/17/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/02/17

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F 001	Continued From page 1 12VAC5-371-220(A). Cross reference to F-329. 12VAC5-371-220(B). Cross reference to F-333. 12VAC5-371-180(A). Cross reference to F-441. 12 VAC 5-371-260(D). Cross references to F-498. 12VAC5-371-360(A). Cross referenced to F-514.	F 001	manner. 5. Any discrepancies will be brought to the QA committee and addressed as needed. Code of Virginia 32.1-138(A)(10). Cross reference to F-164 1. RN #4 was addressed and educated immediately after the error was identified for failing to provide personal privacy for resident #13 during the medication administration observation, while surveyors were onsite. Resident # 15 is no longer a resident in the facility. 2. An audit will be conducted to identify any current resident with a medication patch to ensure personal privacy is being maintained while removing and applying a new patch. 3. All licensed staff will be in-serviced on ensuring appropriate personal privacy during removal and replacement of medication patches. 4. A medication pass observation will be completed for identified residents with medication patches by the Staff Development Coordinator or designee on a weekly basis for twelve weeks. 5. Any discrepancies will be brought to the QA committee and addressed as needed. 12VAC5-371-370(A). Cross referenced to F-252 1. Two of two shower rooms were addressed immediately while surveyors were onsite. Brown substance was removed from handrails and shower	

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F 001	Continued From page 2	F 001	<p>curtain rod in shower room A. The vents in both shower rooms were cleaned and repainted and the thresholds at both shower room entrances were cleaned.</p> <p>2. Both shower rooms were audited and problems were identified while surveyors were onsite. All areas that could be addressed immediately were done so at that time.</p> <p>3. The ceiling tiles/tracts in shower room A will be painted. The shower rooms will be cleaned in their entirety daily.</p> <p>4. The shower rooms will be inspected by the Housekeeping Director or designee on a weekly basis for twelve weeks.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12VAC5-371-250(G). Cross reference to F-279</p> <p>1. Careplans for residents #9, #5, #6, and #1 were added for indicated CAA triggers.</p> <p>2. An audit will be completed for all current residents to ensure that all CAA triggers are careplanned appropriately.</p> <p>3. MDS coordinator will be inserviced on transferring all CAA triggers to the careplan when doing MDS reviews.</p> <p>4. CAA triggers will be compared to careplans for accuracy to ensure all CAA triggers were added to the careplan appropriately. This will be completed for five residents three times a week for twelve weeks.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p>	

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F 001	Continued From page 3	F 001	<p>12VAC5-371-210(A)(3). Cross reference to F-280</p> <ol style="list-style-type: none"> Careplans for resident #8 and #4 were accurately updated to reflect identified falls and pressure ulcer preventions. An audit will be completed of all falls from the previous month to ensure careplans were updated appropriately. An audit will be completed of all residents with heels up in use currently for pressure ulcer prevention to ensure careplan reflects use of intervention. All licensed staff will be inserviced by the Staff Development Coordinator or designee on appropriate and timely updating of the careplan for falls and pressure ulcer prevention. All careplans of residents who have experienced falls will be reviewed the following business day to ensure appropriate updates have occurred. All careplans of residents with new pressure ulcers will be reviewed the following business day to ensure appropriate updates have occurred. This will be completed daily, five times a week for twelve weeks. Any discrepancies will be brought to the QA committee and addressed as needed. <p>12VAC5-371-200(B)(1)(ii). Cross reference to F-281</p> <ol style="list-style-type: none"> LPN #1 was addressed immediately regarding accurate documentation related to change of condition and assessments performed, while surveyors were onsite. 	

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F 001	Continued From page 4	F 001	<p>Order for renal panel for resident #2 was discontinued immediately. Resident # 15 is no longer a resident in the facility.</p> <p>2. An audit will be completed of all unplanned discharges to the hospital to ensure all assessments have been charted appropriately in the medical record. An audit will be completed of all labs to ensure that all active orders are entered appropriately and are to be obtained as ordered.</p> <p>3. All licensed staff will be inserviced on appropriate charting in the medical record of any performed assessments, as well as discontinuing labs that are no longer ordered from the electronic system.</p> <p>4. Charts will be reviewed on all residents who are discharged to the hospital to ensure assessments that were performed are documented appropriately in the medical record. Electronic medical record will be checked daily to ensure any active lab orders are appropriate and accurately transcribed and any labs that have been ordered discontinued are no longer in as active orders.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12VAC5-371-220(B). Cross reference to F-309</p> <p>1. The order for protime INR was obtained while surveyors were onsite for residents #17, #4, #6, and #19 and was obtained by Vista labs to identify current value, a therapeutic range was identified by the medical director and new orders were obtained and followed through.</p>	

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F 001	Continued From page 5	F 001	<p>Careplans were updated appropriately. Dr. Webb was notified immediately of extra dosage given of Coumadin on 9/16/16 on resident #17. No new orders were obtained. Resident #17 is currently receiving her medication appropriately, as ordered. Resident #1 was assessed by nursing immediately while surveyors were onsite and did not report any pain or request any pain medication at that time.</p> <p>2. A complete audit of the facility was performed to identify all residents who are currently receiving Coumadin therapy to ensure a therapeutic reference range is identified in the careplan. If a therapeutic reference range is not currently identified, medical director was called to clarify, telephone order was obtained, and care plan was updated accordingly. A complete audit of identified residents' protime logs was completed to ensure all residents have current therapeutic protime INR values, at least within 7 days prior to survey date. All residents identified as not having a current therapeutic protime INR by medical director had an additional protime INR obtained immediately via Vista labs, which was phoned to the medical director to obtain any necessary new orders regarding Coumadin therapy. If any resident refuses, medical staff will be notified and any new orders will be followed through accordingly. An audit will be conducted of the facility to identify any residents in the last month who have complained of pain when attempting dressing changes, per nursing notes, to identify if appropriate pain medication was offered.</p>	

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F 001	Continued From page 6	F 001	<p>3. All licensed and medical staff was educated by the Director of Nursing or licensed designee on appropriate monitoring of protime INRs and management of Coumadin therapy to include; clarification of the therapeutic reference range of protime INR on the careplan, transcribing the protime INR as ordered to the lab log to be obtained by Vista lab, transcribing the lab order for protime INR to electronic MAR, ensuring results are returned from Vista lab and documented on the lab log, accurate order entry of protime INR labs into the electronic MAR, accurate documentation of results placed on the protime INR log, and accurate order entry of any new orders regarding Coumadin therapy from those labs. They were also educated on proper steps to follow if a resident refuses; notify the medical staff and follow through with any orders accordingly. All licensed staff will be educated by the Staff Development Coordinator or designee to offer as needed pain medication prior to a dressing change if the resident expresses pain.</p> <p>4. All new protime INR orders, protime INR logs, careplans, lab logs, and electronic MARs will be reviewed by the Director of Nursing or licensed designee to ensure proper clarification of the therapeutic reference range is specified, that all orders for protime INRs have been obtained as ordered via Vista labs and documented in the protime INR log as well as the lab log, that they have been phoned to the appropriate medical staff, and that</p>	

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F 001	Continued From page 7	F 001	<p>all new orders regarding Coumadin therapy have been accurately logged in the protime INR log, as well as transcribed accurately into the electronic MAR. Any refusals will be identified with these reviews and will be audited to ensure the medical staff was notified and any corresponding orders were followed through appropriately. This will be done daily five times a week for 12 weeks, then continued daily as a routine basis. All nurses' notes will be reviewed to identify if a resident has complained of pain prior to or during a dressing change to ensure appropriate pain medication has been offered. This will be done on a daily basis for 12 weeks.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12VAC5-371-220(C)(1). Cross reference to F-314</p> <p>1. Bilateral heel protectors (heels up pillow) was applied to resident #4 while in bed while surveyors were onsite, shoes were removed. An order was added to the electronic treatment record for licensed staff to visualize and sign off to validate use, as well as added to the careplan and attached to Kardex for the certified nurse's assistant to visualize and sign off to validate its use.</p> <p>2. An audit will be completed of facility to identify any resident who has orders for heels up while in bed to ensure this intervention is attached to the kardex for the certified nurse's assistant to visualize</p>	

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F 001	Continued From page 8	F 001	<p>and sign off to validate it is in place, and has an active order in the electronic treatment record for licensed staff to sign off to validate it is in place.</p> <p>3. All nursing staff will be educated by the Staff Development Coordinator or designee on appropriate process to heels up heel protectors; order will be placed in the electronic treatment record by the licensed staff to sign off for validation of its use, and attached to kardex for certified nurse's assistant to visualize and sign off to validate its use.</p> <p>4. All identified residents using heels up heel protectors will be visualized every day by Director of Nursing or designee to ensure the intervention is in place. Electronic treatment records and Kardex will be reviewed to ensure licensed staff and certified nursing assistants are signing off, validating its use.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12VAC5-371-220(A). Cross reference to F-329</p> <p>1. The order for protime INR was obtained while surveyors were onsite for residents #6, #19, #17, and #4 and was obtained by Vista labs to identify current value, a therapeutic range was identified by the medical director and new orders were obtained and followed through. Careplans were updated appropriately. Dr. Webb was notified immediately of extra dosage given of Coumadin on 9/16/16 on resident #17. No new orders were obtained. Resident #17 is currently</p>	

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F 001	Continued From page 9	F 001	<p>receiving her medication appropriately, as ordered. Non-pharmacological interventions for anxiety management are currently being offered and documented prior to administration of PRN anti-anxiety medication for resident #4.</p> <p>2. A complete audit of the facility was performed to identify all residents who are currently receiving Coumadin therapy to ensure a therapeutic reference range is identified in the careplan. If a therapeutic reference range is not currently identified, medical director was called to clarify, telephone order was obtained, and care plan was updated accordingly. A complete audit of identified residents' protime logs was completed to ensure all residents have current therapeutic protime INR values, at least within 7 days prior to survey date. All residents identified as not having a current therapeutic protime INR by medical director had an additional protime INR obtained immediately via Vista labs, which was phoned to the medical director to obtain any necessary new orders regarding Coumadin therapy. If any resident refuses, medical staff will be notified and any new orders will be followed through accordingly. Director of Nursing or designee will audit current PRN anti-anxiety medication administration for previous 2 weeks to confirm if non-pharmacological interventions are being offered and documented prior to administration of anti-anxiety medication.</p> <p>3. All licensed and medical staff was educated by the Director of Nursing or licensed designee on appropriate</p>	

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F 001	Continued From page 10	F 001	<p>monitoring of protime INRs and management of Coumadin therapy to include; clarification of the therapeutic reference range of protime INR on the careplan, transcribing the protime INR as ordered to the lab log to be obtained by Vista lab, transcribing the lab order for protime INR to electronic MAR, ensuring results are returned from Vista lab and documented on the lab log, accurate order entry of protime INR labs into the electronic MAR, accurate documentation of results placed on the protime INR log, and accurate order entry of any new orders regarding Coumadin therapy from those labs. They were also educated on proper steps to follow if a resident refuses; notify the medical staff and follow through with any orders accordingly. Staff development coordinator or designee will educate current licensed staff on offering and documenting non-pharmacological interventions for anti-anxiety management prior to administering PRN anti-anxiety medication.</p> <p>4. All new protime INR orders, protime INR logs, careplans, lab logs, and electronic MARs will be reviewed by the Director of Nursing or licensed designee to ensure proper clarification of the therapeutic reference range is specified, that all orders for protime INRs have been obtained as ordered via Vista labs and documented in the protime INR log as well as the lab log, that they have been phoned to the appropriate medical staff, and that all new orders regarding Coumadin therapy have been accurately logged in</p>	

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F 001	Continued From page 11	F 001	<p>the protime INR log, as well as transcribed accurately into the electronic MAR. Any refusals will be identified with these reviews and will be audited to ensure the medical staff was notified and any corresponding orders were followed through appropriately. This will be done daily five times a week for 12 weeks, then continued daily as a routine basis. All nurses' notes will be reviewed to identify if a resident has complained of pain prior to or during a dressing change to ensure appropriate pain medication has been offered. This will be done on a daily basis for 12 weeks. Director of Nursing or designee will audit PRN anti-anxiety medications administered daily, five times a week for twelve weeks to ensure non-pharmacological interventions were offered and documented prior to administering PRN anti-anxiety medication.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12VAC5-371-220(B). Cross reference to F-333</p> <p>1. The order for protime INR was obtained while surveyors were onsite for residents #6, #19, #17 and was obtained by Vista labs to identify current value, a therapeutic range was identified by the medical director and new orders were obtained and followed through. Careplans were updated appropriately. Dr. Webb was notified immediately of extra dosage given of Coumadin on 9/16/16 on resident</p>		

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F 001	Continued From page 12	F 001	<p>#17. No new orders were obtained. Resident #17 is currently receiving her medication appropriately, as ordered.</p> <p>2. A complete audit of the facility was performed to identify all residents who are currently receiving Coumadin therapy to ensure a therapeutic reference range is identified in the careplan. If a therapeutic reference range is not currently identified, medical director was called to clarify, telephone order was obtained, and care plan was updated accordingly. A complete audit of identified residents' protime logs was completed to ensure all residents have current therapeutic protime INR values, at least within 7 days prior to survey date. All residents identified as not having a current therapeutic protime INR by medical director had an additional protime INR obtained immediately via Vista labs, which was phoned to the medical director to obtain any necessary new orders regarding Coumadin therapy. If any resident refuses, medical staff will be notified and any new orders will be followed through accordingly.</p> <p>3. All licensed and medical staff was educated by the Director of Nursing or licensed designee on appropriate monitoring of protime INRs and management of Coumadin therapy to include; clarification of the therapeutic reference range of protime INR on the careplan, transcribing the protime INR as ordered to the lab log to be obtained by Vista lab, transcribing the lab order for protime INR to electronic MAR, ensuring</p>		

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F 001	Continued From page 13	F 001	<p>results are returned from Vista lab and documented on the lab log, accurate order entry of protime INR labs into the electronic MAR, accurate documentation of results placed on the protime INR log, and accurate order entry of any new orders regarding Coumadin therapy from those labs. They will also be educated on proper steps to follow if a resident refuses; notify the medical staff and follow through with any orders accordingly.</p> <p>4. All new protime INR orders, protime INR logs, careplans, lab logs, and electronic MARs will be reviewed by the Director of Nursing or licensed designee to ensure proper clarification of the therapeutic reference range is specified, that all orders for protime INRs have been obtained as ordered via Vista labs and documented in the protime INR log as well as the lab log, that they have been phoned to the appropriate medical staff, and that all new orders regarding Coumadin therapy have been accurately logged in the protime INR log, as well as transcribed accurately into the electronic MAR. Any refusals will be identified with these reviews and will be audited to ensure the medical staff was notified and any corresponding orders were followed through appropriately. This will be done daily five times a week for 12 weeks, then continued daily as a routine basis.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12VAC5-371-180(A). Cross reference to</p>	

State of Virginia

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: VA0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/13/2016
NAME OF PROVIDER OR SUPPLIER APPOMATTOX HEALTH AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 235 EVERGREEN AVE APPOMATTOX, VA 24522		
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F 001	Continued From page 14	F 001	<p>F-441</p> <ol style="list-style-type: none"> 1. RN #4 was addressed and educated immediately while surveyors were onsite on proper infection control policies and procedures with medication administration. 2. A medication pass observation will be completed on all licensed staff to ensure proper infection control practices are followed appropriately. 3. All licensed staff will be educated by the Staff Development Coordinator or designee or appropriate infection control while conducting a medication pass. 4. Staff Development Coordinator or designee will perform a medication pass observation with a member of licensed staff weekly for twelve weeks. 5. Any discrepancies will be brought to the QA committee and addressed as needed. <p>12 VAC 5-371-260(D). Cross references to F-498</p> <ol style="list-style-type: none"> 1. Competency evaluations were initiated for 16 of 22 certified nursing assistants while surveyors were onsite. 2. An audit will be performed of all current certified nursing assistants' files to ensure competency evaluations are complete. 3. Staff Development Coordinator or designee will ensure all initiated competency evaluations are completed. 4. Staff Development Coordinator or designee and Human Resources Manager will ensure all new hire certified nursing assistants' competency evaluations are 	

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F 001	Continued From page 15	F 001	<p>completed.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p> <p>12VAC5-371-360(A). Cross referenced to F-514</p> <p>1. LPN #1 was addressed and educated immediately while surveyors were onsite related to necessity of charting all performed assessments in resident's clinical records. Resident # 15 is no longer a resident in the facility.</p> <p>2. An audit will be performed for any unplanned discharges within the last month to ensure proper assessments were documented appropriately in the medical record.</p> <p>3. All licensed staff will be educated by the Staff Development Coordinator or designee about appropriate documentation in the medical record or any performed assessments.</p> <p>4. Director of Nursing or designee will review all unplanned discharges to the hospital to ensure any performed assessments are documented appropriately in the medical record.</p> <p>5. Any discrepancies will be brought to the QA committee and addressed as needed.</p>	